

INTRODUCTION:

The Citation and Fine Program of the Medical Board of California (MBC) has been expanded to include the failure to report communicable diseases and other reportable conditions by physicians in practice. This became effective December 24, 1996 when Title 16 of the California Code of Regulations was amended. The MBC did not add the requirement to report communicable diseases and other related statutes directly to the list of "Citable Offenses" but, instead, chose to list these under the offense of "unprofessional conduct." A two-page excerpt from the original regulations package which explains the revisions to Section 1364.11 is included in the Appendix. The new regulations and relevant statutes and other regulations are also included in the Appendix.

It is the clear intent of the Citation and Fine Program to improve the level of communicable disease reporting by physicians. The first steps, however, should focus on the educational outreach efforts and the maintenance of cooperative relationships between local health departments and physicians. "Citation and Fine" is not normally intended as the first course of action against a noncompliant physician but, rather, should be used only after reasonable efforts at obtaining compliance have been attempted.

It is likely that local Health Officers will be the only source of "complaints" to the MBC as no one else in the community will be aware of the failure to report communicable diseases. For this reason, CCLHO has worked with the MBC and the California Medical Association to develop these guidelines to provide a uniform approach to this Program.

By definition, a physician's "failure to report" includes:

1. No report received.
2. Incomplete reporting where all requested information is not provided in the required time frame.
3. Delayed reports not adhering to the required time frame.

DECISION TREE:

Included in these Guidelines is a "decision tree" which may be helpful in suggesting an appropriate progressive course of action to take against physicians who do not report.

The "decision tree" provided separates the emergency diseases (those reportable immediately by telephone) including tuberculosis from others and recommends a course of action. These guidelines have been developed as a framework only and Health Officers should consider each individual situation including the level of cooperation from the physician as well as the consequences to the public health of the community. Title 17, California Code of Regulations, Section 2500 lists the reportable diseases and the urgency of reporting, i.e., whether reportable immediately by telephone, within one (1) working day or within seven (7) working days.

REPORT FORM:

A proposed "report form" giving the name and address of the person filing the report, the name and address of the physician being reported, the violation and the history of non-reporting by the physician and the actions taken including the impact of non-reporting, the actions taken by the local health department to warn/educate the physician and the response by the physician.

Under the "violation" section, information may be included about any previous failure to comply with the reporting requirements and how the failure to report was determined, e.g., a community outbreak, laboratory report, etc.

SUGGESTED LETTERS TO BE SENT TO PHYSICIANS:

A series of three letters to noncompliant physicians is included for your adaptation and use. These letters are merely suggestions to assist you in a progressive course of action. When sending out these letters, it is recommended that you enclose a Confidential Morbidity Report (CMR) form and a copy of the single-page Title 17, California Code of Regulations, Section 2500 list of Reportable Diseases and Conditions. The letters included are:

- 1) Letter to physicians after FIRST failure to report TB or an emergency condition
- 2) Letter to physicians after FIRST failure to report a non-emergency condition
- 3) Letter to physicians after SECOND failure to report a non-emergency condition

Also included is a draft (9/96) copy of the new CMR which is being pilot-tested in several counties and a copy of the single-page listing of Title 17, California Code of Regulations (CCR), Section 2500, Reportable Diseases and Conditions, which will be found on the reverse side of the CMR when it is finalized.

TRACKING SYSTEM:

It is also suggested that you establish a tracking system or a simple file of letters sent to physicians who fail to report so you will find it easy to list all previous actions taken when reporting to the MBC.

OTHER:

In order to educate the physicians in your community about the importance and value of reporting, it is also recommended that the Health Officer or Communicable Disease physician personally attend the local Medical Society meetings or other forums where physicians gather. This will provide an opportunity to explain what the local health department does with reports and that reporting is necessary to identify epidemics; interrupt transmission; establish risk factors for disease; track trends in communicable diseases at the local, state and national levels; and develop policies for prevention of disease.